

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



November 30, 1979

ALL-COUNTY LETTER NO. 79-77 (Program Cost Section)

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORTING INSTRUCTIONS FOR AFDC-BHI RATES

REFERENCE: MPP 11-225.4

The Department of Social Services Operational Standards Section 11-225.4 requires counties to submit annual data on county foster care rates. In order to obtain consistent and comparable data, the department has designed a form for use in reporting this information. The attached forms provide for reporting the required information for Fiscal Year 1979/80. Form Temp 1384 will be used to accumulate data on in-county foster family rates paid by your county. Form Temp 1385 will be used to accumulate data on group homes/institutions used by your county or other "Host County" rates negotiated by your county. When reporting rates paid to out-of-county providers, the county number for the host county must be shown (see Manual Section 23-251). Monthly rate reimbursable from state funds must be determined in accordance with MPP Section 11-302 as revised. (See Manual Letter Number 79-55.)

Counties which reported Fiscal Year 79/80 rate information in advance of this notice need not duplicate information already submitted but should complete the forms to provide any data not included in the initial report. If a specific item is not applicable to your county, please note N/A in the space provided. The column headed "Monthly Rate Reimbursable from State Funds" is to be completed only if different from the monthly rate shown for the 1979/80 Fiscal Year.

Please submit the completed forms to County Fiscal Administration Bureau, MS 13-77 as this bureau has been assigned the responsibility of accumulating this information. If you have questions regarding the completion of the attached forms, please contact Gen Whitfield or Willa Wallen at 916/445-7046.

Sincerely,

*Claude E. Finn*  
CLAUDE E. FINN  
Deputy Director

Attachment  
cc: CWDA

GEN 654 (7/78)

**FOSTER FAMILY HOMES (IN-COUNTY)  
AFDC-BHI RATES FY 79/80**

Send completed form to:

County Fiscal Administration Bureau  
744 P Street, M.S. 13-77  
Sacramento, California 95814

Pursuant to Department of Social Services MPP Section 11-225.4

COUNTY		DATE	COUNTY CONTACT: NAME		TELEPHONE NUMBER	
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	Age Group	Monthly Rate 79/80 FY	Monthly Rate Reimbursable from State Funds*	CLOTHING ALLOWANCE		
				Initial	Semiannual	Annual
(A) Monthly Basic Foster-Care Rate	0-6					
	7-12					
	13-20					
(B) Special Monthly Rate-Moderate Problems	0-6					
	7-12					
	13-20					
(C) Special Monthly Rate-Severe Problems	0-6					
	7-12					
	13-20					
(D) Special Monthly Rate-Extreme Problems	0-6					
	7-12					
	13-20					
(E) Additional Applicable Information						

\* Per MPP 11-302. Complete only if different from monthly rate 79/80 FY.

